

**City of Seal Beach
Alarm System Permit Application**

Residence or Business Name: _____

Location: _____

Telephone Number: _____ Business License (if applicable): _____

Mailing Address: _____

(If different) _____

EMERGENCY INFORMATION (Persons who may secure premises on a 24-hour basis.
Include: Names(s), Address(s), and Telephone number(s):

1. _____
2. _____
3. _____
4. _____
5. _____

ALARM AND ALARM COMPANY INFORMATION:

Servicing Company _____

Address: _____

Telephone Number(s): _____ Type of Alarm _____

Manufacturer: _____ Make: _____ Model: _____

Firm who installed alarm: _____

Area Covered by Alarm: _____

Alarm Company: _____

**Fee: \$25.00 Residence Alarm – \$35.00 Business Alarm
Activation reported via Alarm Company or Audible**

**PLEASE MAKE CHECKS PAYABLE TO THE "CITY OF SEAL BEACH"
REMIT FEE WITH APPLICATION AND MAIL TO
Post Office Box 11370, Santa Ana, CA 92711-1370**

If you have any questions, please contact the Processing Service Center at 1-888-300-9915,
Monday – Friday, between the hours of 8:00AM to 5:00PM.

FOR OFFICE USE ONLY

Reviewed By: _____ Permit #: _____ Date: _____